

**REQUEST FOR LEGAL DEFENSE  
AND INDEMNIFICATION PURSUANT  
TO N.D.C.C. ch. 32-12.2**

On \_\_\_\_\_, I was served with a copy of legal pleadings in the matter of:

\_\_\_\_\_,  
in which a claim is asserted against me as a state employee. A copy of the pleading served on me is attached.

The allegations against me in this suit pertain wholly to activities within the scope of my employment.

Pursuant to N.D.C.C. 32-12.2-03(6), I hereby request: 1) legal representation in this matter by an attorney hired by the Risk Management Fund and 2) indemnification by the state of North Dakota.

I promise to provide to the attorney assigned to represent me and/or the State of North Dakota, complete disclosure of all facts known to me or learned by me and I further promise to cooperate fully with the attorney(s) hired by the State in the defense of this lawsuit.

I have read, understand and agree to the foregoing conditions of representation by the Risk Management Fund and the state of North Dakota.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Signature

Telephone Numbers:

Work: \_\_\_\_\_

Home: \_\_\_\_\_

FAX: \_\_\_\_\_

***Within 10 days of being served, send to:***

Office of the Attorney General  
State Capitol Building  
600 East Boulevard Avenue  
Bismarck ND 58505-0040  
Phone: 701-328-2210; Fax: 701-328-2226

and to:

The Division of Risk Management  
Century Center  
1600 East Century Ave, Suite 4  
Bismarck ND 58503-0649  
Phone: 701-328-7584; Fax: 701-328-7585

The Head of Your Employing Agency